Manitoba

Annual Report 2000 - 2001

Healthy Child Manitoba

Includes 10% post-consumer waste

102-00143/

Manitoba

September 2001

His Honour Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the pleasure of presenting herewith the Annual Report of Healthy Child Manitoba of the Province of Manitoba for the year 2000/2001.

Respectfully submitted,

Tim Sale
Chair, Healthy Child Committee of Cabinet

Healthy Child Manitoba

A partnership of:
Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Training and Youth
Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

Manitoba

September 2001

Tim Sale
Minister of Family Services and Housing
357 Legislative Building

Sir:

I have the honour of presenting to you the Annual Report of Healthy Child Manitoba for the fiscal year ending March 31, 2001.

In 2000/01, Healthy Child Manitoba's activities and achievements included:

- promoting and coordinating shared responsibility for the healthy development of children, youth and families;
- researching and adapting evidence-based models for healthy child outcomes;
- strengthening cross-sectoral program delivery for early childhood development from pre-natal to school years; and
- evaluating the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba children, families and communities.

Healthy Child Manitoba will continue to facilitate child-centred public policy through community capacity building under the Healthy Child Plan.

Respectfully submitted,

Tannis Mindell
Chair, Healthy Child Deputy Ministers' Committee

Healthy Child Manitoba

A partnership of:
Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Training and Youth
Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

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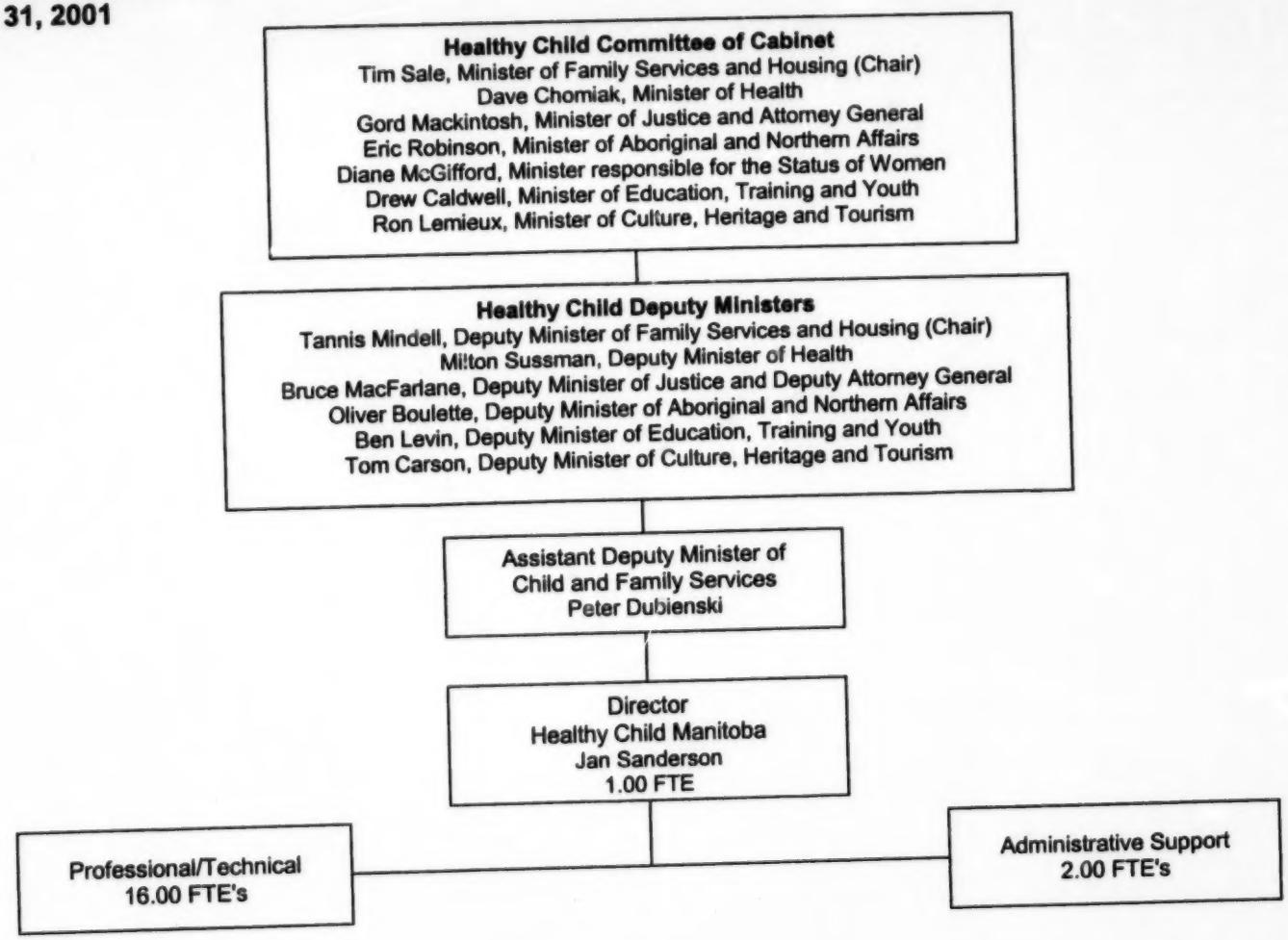
HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2001


Healthy Child Committee of Cabinet
Tim Sale, Minister of Family Services and Housing (Chair)
Dave Chomiak, Minister of Health
Gord Mackintosh, Minister of Justice and Attorney General
Eric Robinson, Minister of Aboriginal and Northern Affairs
Diane McGifford, Minister responsible for the Status of Women
Drew Caldwell, Minister of Education, Training and Youth
Ron Lemieux, Minister of Culture, Heritage and Tourism
Healthy Child Deputy Ministers
Tannis Mindell, Deputy Minister of Family Services and Housing (Chair)
Milton Sussman, Deputy Minister of Health
Bruce MacFarlane, Deputy Minister of Justice and Deputy Attorney General
Oliver Boulette, Deputy Minister of Aboriginal and Northern Affairs
Ben Levin, Deputy Minister of Education, Training and Youth
Tom Carson, Deputy Minister of Culture, Heritage and Tourism
Assistant Deputy Minister of
Child and Family Services
Peter Dubienski
Director
Healthy Child Manitoba
Jan Sanderson
1.00 FTE
Professional/Technical
16.00 FTE's
Administrative Support
2.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with Healthy Child Manitoba's appropriation structure, which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to Healthy Child Manitoba's objectives, actual results achieved, financial performance and variances, and an historical table of expenditures and staffing. Expenditure variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report. Healthy Child Manitoba is budgeted under two main appropriations:

- Healthy Child Manitoba; and
- Amortization of Capital Assets.

Mandate

Within a child-centred public policy framework, founded on the two pillars of economic justice and social justice, and led by the Healthy Child Committee of Cabinet, Healthy Child Manitoba works across departments and sectors to facilitate a community development approach for the well-being of Manitoba's children, families and communities.

Background

The Manitoba government established Healthy Child Manitoba in March 2000 and the Premier of Manitoba created the Healthy Child Committee of Cabinet. Chaired by the Minister of Family Services and Housing, the Healthy Child Committee of Cabinet directs Healthy Child Manitoba in the implementation of the Healthy Child Plan.

The Healthy Child Committee of Cabinet was initially comprised of the Ministers of Family Services and Housing; Health; Justice and Attorney General; Aboriginal and Northern Affairs; and Education, Training and Youth. In November 2000, the Healthy Child Committee of Cabinet expanded to include the Minister of Culture, Heritage and Tourism and the Minister responsible for the Status of Women. The committee meets on a monthly basis.

Healthy Child Committee of Cabinet

Tim Sale (Chair), Minister of Family Services and Housing

Dave Chomiak, Minister of Health

Gord Mackintosh, Minister of Justice and Attorney General

Eric Robinson, Minister of Aboriginal and Northern Affairs

Diane McGifford, Minister responsible for the Status of Women

Drew Caldwell, Minister of Education, Training and Youth

Ron Lemieux, Minister of Culture, Heritage and Tourism

With the overall strategic policy direction provided by the Healthy Child Committee of Cabinet, the Deputy Ministers of the partner departments share the responsibility for ensuring the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee meets on a monthly basis.

Healthy Child Deputy Ministers' Committee

Tannis Mindell (Chair), Deputy Minister of Family Services and Housing

Milton Sussman, Deputy Minister of Health

Bruce MacFarlane, Deputy Minister of Justice and Deputy Attorney General

Oliver Boulette, Deputy Minister of Aboriginal and Northern Affairs

Ben Levin, Deputy Minister of Education, Training and Youth

Tom Carson, Deputy Minister of Culture, Heritage and Tourism

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children.

Objectives

The major responsibilities of Healthy Child Manitoba are to:

- develop, fund and evaluate innovative projects and long-term strategies to improve outcomes for Manitoba's children;
- integrate services across government for children, youth and families using early intervention and population health models; and
- increase the involvement of families, neighbourhoods and communities in prevention and early childhood development services.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

During the 2000/01 fiscal year, the activities of Healthy Child Manitoba have advanced and supported the Healthy Child Plan. Together with community partners, Healthy Child Manitoba facilitated the development of initiatives focussing on conception through infancy and the preschool years. The core commitments included:

- Parent-Child Centres;
- Nurses In Schools;
- Healthy Baby;
- FAS/FAE Prevention; and
- Healthy Adolescent Development.

In collaboration with community partners, Healthy Child Manitoba hosted the provincial Early Years Forum in February 2001. Regional Early Years Teams from across Manitoba met to celebrate best practices models and to share and develop long-range plans for early childhood services and supports in their communities.

Parent-Child Centres

This approach brings together resources through regional coalitions across the province. The coalitions support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. Each parent-child centre coalition determines the unique form that activities will take based on community capacity and need. The regions are based on the Regional Health Authority boundaries outside Winnipeg, and the Community Areas within Winnipeg.

Since April 1, 2000, parent-child centre coalitions have been established in eleven regions throughout the province and eight Community Areas within Winnipeg, as follows: Brandon, Burntwood, Central, Churchill, Interlake, Marquette, Nor-Man, North Eastman, Parkland, South Eastman, South Westman; and, in Winnipeg, Assiniboine South, Inkster, River East, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona.

In addition, two cultural organizations and one family resource centre received funding for parent-child centred activities in 2000/01: La Fédération provinciale des comités de parents (FPCP); the Manitoba Association of Friendship Centres; and Wolseley Family Place which is located in the downtown community area of Winnipeg.

Nurses In Schools

The Nurses In Schools initiative bridges health and education in a Healthy Schools – Healthy Communities model and works toward improving the wellness of children and families in communities with higher than average factors of risk to good health.

In the 2000/01 fiscal year, Healthy Child Manitoba provided developmental funding to each of the 12 Regional Health Authorities to begin regional consultation and planning with major stakeholders.

Healthy Baby

The Healthy Baby Prenatal Benefit and Community Support Program will assist income-eligible pregnant women to meet their extra nutritional needs during pregnancy. The program design will also include access to community-based services that provide educational support for pregnant women and new mothers.

A program implementation team, comprised of Healthy Child Manitoba and staff from the Strategic Initiatives, Coordination and Support Branch (within Child and Family Services Division), and the Policy and Planning Branch developed an implementation plan and a critical path for the Healthy Baby Program to be launched in the 2001/02 fiscal year. Included within that plan was the devolution of the Women and Infant Nutrition (WIN) Program.

FAS/FAE Prevention

STOP FAS

STOP FAS is a three-year mentoring program for women at risk of having a child with fetal alcohol syndrome (FAS) or fetal alcohol effect (FAE). Based on a best practice model, the program uses para-professional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

The first women enrolled in the STOP FAS Program are nearing their three-year anniversary date and will begin graduating from the program in August 2001.

A final report in October 2001 will mark the completion of the three-year research project.

The two-year outcomes include:

- 71% of the women have accessed treatment;
- 53% have completed treatment;
- 57% of the women are currently abstaining from alcohol and drugs;
- 20% have been abstinent for at least six months with no relapses;
- 31% of women are using some method of reliable family planning;
- 64% use some form of reliable birth control or are currently abstaining from alcohol and drugs;
- 27% attended upgrading or education classes; and
- 37% have child custody.

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, *STOP FAS* was expanded to Thompson and The Pas in late 2000.

Prairie Northern FAS Partnership (PNFASP)

The governments of Manitoba, Alberta and Saskatchewan were joined by the northern territories of Nunavut, Northwest Territories and the Yukon to continue to share best practices, expertise and resource materials in the development of joint strategies and initiatives on FAS/FAE.

In the 2000/01 fiscal year, Manitoba continued to be an active participant within the PNFASP. In an effort to expand the network of physicians across the province who diagnose FAS, Healthy Child Manitoba, in partnership with the College of Physicians and Surgeons of Manitoba and Manitoba Health, provided travel subsidies for physicians to attend the *Prairie Northern Symposium on FAS* in Saskatoon in March 2001.

Support in the Classroom for Students with FAS

The purpose of this program is to develop a model to enhance the school experience and outcomes for children with FAS and other alcohol related disabilities in Winnipeg School Division No. 1. A partnership involving Healthy Child Manitoba, the Department of Education, Training and Youth, and Winnipeg School Division No. 1, has been established to identify, review and disseminate best practices in the education and management of grades 3 to 6 students with FAS.

Goals for the initiative include:

- Training to classroom teachers and aides on concrete management strategies for children with FAS;
- Investigation of environmental changes within the classroom to provide more effective learning spaces for children with FAS;
- Identification of strategies to assist FAS students to overcome behavioural obstacles to learning;
- Identification of strategies to reduce transitions for students with FAS;
- Improved coordination between the school and other service providers working with students with FAS and their families;
- Development of a pilot program for grades K to 6 students with FAS;
- Development of a model for selective integrated and segregated class time for students with FAS;
- Investigation of the efficacy of pooling resources between clusters of two or three schools to maximize available classroom supports; and
- Development of strategies to improve the retention of students with FAS in school.

Healthy Adolescent Development

Strategies continued to be developed in support of healthy adolescent development, including initiatives for adolescent pregnancy prevention. Program categories included:

Mentoring interventions

Research has shown that youth mentoring programs are highly effective in reducing high risk behaviours such as adolescent pregnancy, as well as drug and alcohol use and juvenile crime. Statistically, when compared to non-mentored youth within the same age group, vulnerable children within a successful mentoring relationship are:

- twice as likely to attain at least a secondary school diploma;
- 46% less likely to start using illegal drugs;
- 27% less likely to start drinking; and
- 32% less likely to exhibit violent behaviour.

Since April 1, 2000, Healthy Child Manitoba has supported five mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; Manitoba Chamber of Commerce - A Real Future program; BBBS of Brandon, BBBS of Portage la Prairie, and New Friends Community Mentorship providing programs to the Lac du Bonnet and Pinawa area.

Culturally appropriate and/or youth directed initiatives

Through the Northern Aboriginal Youth Council and Positive Adolescent Sexuality Support (PASS) program, culturally appropriate initiatives have been designed to reduce adolescent pregnancy. Components of these programs include the use of community role models and elders, and emphasize peer mentoring to facilitate youth leadership.

Intervention with teen mothers to improve parenting skills and outcomes for children

The goal of this intervention is to improve the parenting skills of teen moms, thereby improving the outcomes for their children, and reducing the chances of subsequent unplanned adolescent pregnancies. The Parent Support Project developed by Ma Mawi Wi Chi Itata Centre, Inc., is a two-stage program for high-risk adolescent parents. The program is designed to ensure that the children of adolescent parents are safe and protected by building parenting skills in a residential setting, followed by supported, independent living in a cluster housing environment.

Public awareness /counselling programs that raise community awareness

Since April 1, 2000, Healthy Child Manitoba has continued its support to a number of community-based agencies in the provision of, and referral to, youth health education services designed to empower youth to make healthy lifestyle choices. Teen Talk, in partnership with Manitoba schools, presents workshops on sexuality and reproductive health. In the 2000/01 fiscal year, over 10,000 students took part in this program. The Teen Touch 24-hour province-wide telephone help line for youth responded to over 25,000 calls. Baby Think It Over computer-programmed dolls made

available to high schools, health education centres, medical centres, regional public health nurses and various youth serving agencies, provide teens with the experience of parenting a young infant.

Healthy Child Manitoba provides support to the Adolescent Parent Interagency Network (APIN), a partnership of agencies and professionals in Manitoba whose goal is to facilitate the sharing of information related to services and resources for pregnant and parenting teens. The Northern Aboriginal Iskwewak (NAI), located in the Burntwood region of northern Manitoba, develops and delivers culturally-appropriate workshops for mothers and daughters and fathers and sons, focussing on adolescent pregnancy prevention and FAS/FAE awareness and prevention.

Gang and crime prevention initiatives

The common thread of the gang and crime prevention programs is reducing gang involvement by providing participants with the opportunity to increase or improve leadership skills, academic achievements, school attendance, social skills, employment skills, and overall physical health and wellness. Each program may include all or some of these characteristics.

In 2000/01, the Let Youth program employed a total of 48 youth at a minimum wage salary at various sites in Winnipeg. The CHOICES program worked with 120 students at participating inner city high schools who could benefit from extra attention. The Winnipeg Boys and Girls Clubs Inc. reached 3,000 members in 2000/01 (300-400 children and youth per day) throughout the six sites in Winnipeg.

Home Visiting Supports

In addition to new initiatives introduced under the Healthy Child Plan, Healthy Child Manitoba continued to support community-based programs such as the home visiting supports provided through the BabyFirst and Early Start programs which demonstrated improved outcomes for children and families.

BabyFirst

BabyFirst is a community-based intervention designed to support families with children up to the age of three, living in conditions of risk. The program was implemented provincially through the public health program of the 12 Regional Health Authorities, and employs home visitors who establish trusting, nurturing relationships with families, promote problem-solving skills, and assist in strengthening the family support system.

Three research sites were established in the fall of 1998 to collect data over a three-year period on child and family outcomes related to the BabyFirst program. Data collection was completed in March 2001. Data is currently being analyzed; the final report is expected in the fall of 2001. Interim reports indicate improved child outcomes in the achievement of developmental milestones, particulary in the language area. Family outcomes also improved, notably in the areas of social support, parenting style and the provision of a stimulating environment.

Participation in the BabyFirst program increased from 450 families in 1999/00 to 650 families in 2000/01.

Early Start

Early Start is a community-based, early childhood intervention for children ages two to five. The goal of the program is to support families in strengthening parenting skills, accessing community resources, and increasing school readiness, thus decreasing the need for specialized education, health and social services interventions in the future.

Three research sites were established in 1998 to collect data over a three-year period on child and family outcomes related to the Early Start program. Data collection was completed in March 2001. Data is currently being analyzed; the final report is expected in the fall of 2001. Interim reports indicate improved child outcomes in the achievement of developmental milestones particularly in the language area. It appears that family outcomes also improved, notably in the areas of social support, parenting style and provision of a stimulating environment. Forty-five per cent of parents reported an increase in reading and/or playing with their child; 64 per cent of parents described their relationship with their home visitor as very good or better.

The Early Start program is offered through 32 sites in eight regions of Manitoba.

Federal/Provincial/Territorial Early Childhood Development Agreement

Manitoba, with all provinces, territories and the federal government, signed the September 11, 2000 Early Childhood Development Agreement. The Agreement recognizes the importance of supporting families and communities in their efforts to ensure the best possible future for their children. The First Ministers agreed on four key areas for action:

- Promoting Healthy Pregnancy, Birth and Infancy;
- Improving Parenting and Family Supports;
- Strengthening Early Childhood Development, Learning and Care; and
- Strengthening Community Supports.

Healthy Child Manitoba, with its partner departments, continues its commitment to an integrated continuum of financial and social supports and services for early childhood development. (See Appendix - Early Childhood Development (ECD) in Manitoba Baseline Expenditures and Activities on page 19.)

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2000/01 Estimates $000
2000/01 Main Estimates	12,865.9
Allocation of Funds From: - Internal Reform/Workforce Adjustment	192.5
2000/01 ESTIMATE	**13,058.4**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2001

Expenditure by Sub-Appropriation		Actual 2000/01 $000	Estimate 2000/01* FTE	Estimate 2000/01* $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,069.3	19.00	1,108.5	(39.2)	
34-1B	Other Expenditures	381.7		432.5	(50.8)	
34-1C	Financial Assistance and Grants	11,000.2		11,443.4	(443.2)	
34-2	Amortization	36.7		74.0	(37.3)	1
Total Appropriations		**12,487.9**		**13,058.4**	**(570.5)**	

* *The 2000/01 Estimate reflects amounts as displayed in the Printed Main Estimates on behalf of Healthy Child Manitoba, as well as an allocation from the Enabling Appropriations respecting workforce adjustment costs.*

1. Full year allocation is in excess of the actual full year requirements.

Expenditure Summary for Fiscal Year ended March 31, 2001 with Comparative Figures for the Previous Fiscal Year

Estimate 2000/01* $000		Sub-Appropriation	Actual 2000/01 $000	Actual 1999/00 $000	Increase (Decrease)	Expl. No.
1,108.5	34-1A	Salaries	1,069.3	689.3	380.0	1
432.5	34-1B	Other Expenditures	381.7	282.0	99.7	2
11,443.4	34-1C	Financial Assistance and Grants	11,000.2	8,223.3**	2,776.9	3
74.0	34-2	Amortization	36.7	35.3	1.4	
13,058.4	**Total Expenditures**		**12,487.9**	**9,229.9**	**3,258.0**	

* *The 2000/01 Estimate reflects amounts as displayed in the Printed Main Estimates on behalf of Healthy Child Manitoba, as well as an allocation from the Enabling Appropriations respecting workforce adjustment costs.*

** *Reorganization to reflect the transfer of Women and Infant Nutrition (WIN) program funding to Healthy Child Manitoba.*

1. The variance is primarily the result of severance pay for two individuals, General Salary Increase and other salary adjustments for 2000/01.
2. The increase is due to pre-implementation costs related to the Manitoba Prenatal Benefit Program and an increase in accommodation charges for 2000/01.
3. The increase is primarily the result of support for new initiatives under the Healthy Child Plan and an increase in costs related to the Women and Infant Nutrition (WIN) Program and the BabyFirst Program.

Historical Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 2000 - March 31, 2001

Actual Appropriations

Sub-Appropriation	1999/00		2000/01	
	FTE	$000	FTE	$000
34-1A Salaries	16.00	689.3	19.00	1,069.3
34-1B Other Expenditures		282.0		381.7
34-1C Financial Assistance and Grants		8,223.3		11,000.2
34-2 Amortization		35.3		36.7
Total	**16.00**	**9,229.9**	**19.00**	**12,487.9**

APPENDIX

Early Childhood Development (ECD) in Manitoba Baseline Expenditures and Activities

Introduction

On September 11, 2000, First Ministers committed their governments to "report annually to Canadians on their investments and their progress in enhancing programs and services in the [four key areas for action] . . . beginning with establishing a baseline of current early childhood development expenditures and activities. Governments will begin reporting within one year and will strive to continue to improve the quality of reporting over time." (*First Ministers' Meeting Communiqué on Early Childhood Development*)

This Appendix to the Healthy Child Manitoba 2000/01 Annual Report represents Manitoba's first report on its baseline for ECD expenditures and activities.

Manitoba's Commitment to Early Childhood Development (ECD)

Recent research concludes that the early years comprise a significant period of brain development and set the foundation for success in all aspects of life. The Government of Manitoba is committed to supporting early childhood development – as demonstrated by new and expanded early years programming. Since April 2000, Manitoba has increased investments in early childhood development by approximately $29 million. Through a partnership with regional early years teams and parent-child centred coalitions, a continuum of services to support Manitoba children and families is being developed.

The Healthy Child Committee of Cabinet and corresponding programs signal a new way of working together and a commitment to concrete action for early childhood development. Healthy Child Manitoba builds on the existing foundation and creates new initiatives to support the early years. Components of Manitoba's Early Childhood Development (ECD) Continuum include:

Pregnancy, Birth and Infancy

Healthy Baby

Starting in July 2001, the Manitoba Prenatal Benefit will assist income eligible pregnant women to meet their extra nutritional needs during pregnancy. Pregnant women and new mothers will also have access to expanded community support programs.

BabyFirst

BabyFirst provides a three-year home-visiting program for newborns and their families based on universal screening and is delivered through the community health system. The 2001 provincial budget expands the availability of this service to a greater number of families.

STOP FAS

STOP FAS is a three-year mentoring program for women at risk of having a child with fetal alcohol syndrome or fetal alcohol effects (FAS/FAE). Following from the success of two Winnipeg sites, STOP FAS was recently expanded to Thompson and The Pas in northern Manitoba.

Parenting and Family Supports

Children's Special Services

Community-based services are provided to an increased number of families who support children with a mental and/or physical disability in their own homes.

National Child Benefit (NCB) Restoration

Before July 2000, the Employment and Assistance program reduced benefits by an amount equal to the federal National Child Benefit Supplement (NCBS). Effective July 2000, families with children age six and under had $20.00 per month of the NCBS recovery restored. In addition, when the federal government increased the NCBS in July, the increase was kept by all families receiving income assistance. These changes were the first steps in the restoration of the NCBS recovery.

Early Childhood Development, Learning and Care

Child Day Care

Since April 2000, funding for Manitoba's child care program has increased by over 27 per cent, improving salaries for early childhood educators and providing additional subsidies for children. Increased funding has also been provided to integrate more children with disabilities into the child care system, and to expand the number of licensed child care spaces.

Early Start

To enhance children's readiness to learn prior to school entry, Early Start provides a three-year home visiting program for families with children who have special social needs and are currently attending licensed child care.

Manitoba Education, Training and Youth – Early Childhood Development Initiative

The Early Childhood Development Initiative (ECDI) of Manitoba Education, Training and Youth will assist school divisions and districts in their efforts to provide intersectoral services for pre-schoolers (birth to school age). ECDI, in partnership with Healthy Child Manitoba, is designed to facilitate preschoolers' readiness to learn prior to school entry.

Community Supports

Parent-Child Centred Approach

This approach brings resources together through community coalitions across the province which support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. Each parent-child centre coalition determines the unique form that activities will take, based on the needs of the community.

Table 1. Overview of ECD in Manitoba (since April 2000):

ECD Action Area	Total Investment	Incremental Investment
Pregnancy, Birth and Infancy	$12,678.5	$5,914.2
Parenting and Family Supports	$28,727.8	$6,712.1
Early Childhood Development, Learning and Care	$127,368.3	$14,358.6
Community Supports	$2,358.5	$2,008.5
TOTAL since April 2000 *	**$171,133.1**	**$28,993.4**

* The Province of Manitoba is pleased to acknowledge its partnership with the Government of Canada in supporting Early Childhood Development (ECD) initiatives. Of the $29 million incremental investment for ECD in Manitoba since April 2000, Canada contributed $11.1 million in 2001/02.

(Financial detail for each ECD action area follow in Tables 2 and 3.)

Table 2. ECD in Manitoba – 2000/01

ECD Action Area	Vote 2000/01	Incremental 2000/01
Pregnancy, Birth and Infancy:		
Healthy Baby	$500.0	$500.0
BabyFirst	$2,904.2	$512.6
STOP FAS	$566.7	$164.9
Sub-Total	**$3,970.9**	**$1,177.5**
Parenting and Family Supports:		
Children's Special Services	$11,132.1[(1)]	$825.0
National Child Benefit Restoration	$2,025.0	$2,025.0
Sub-Total	**$13,157.1**	**$2,850.0**
Early Childhood Development, Learning and Care:		
Child Day Care	$60,161.2[(1)]	$9,145.5
Early Start	$924.2	$8.1
Sub-Total	**$61,085.4**	**$9,153.6**
Community Supports:		
Parent-Child Centred Approach	$350.0	$350.0
Sub-Total	**$350.0**	**$350.0**
Total ECD 2000/01	**$78,563.4**	**$13,531.1**

(1) Includes some programming for children over the age of six years.

Table 3. ECD in Manitoba – 2001/02

ECD Action Area	Vote 2001/02	Incremental 2001/02
Pregnancy, Birth and Infancy:		
Healthy Baby	$4,103.4	$3,603.4
BabyFirst	$4,018.8	$1,114.6
STOP FAS	$585.4	$18.7
Sub-Total	**$8,707.6**	**$4,736.7**
Parenting and Family Supports:		
Children's Special Services	$10,120.7 (1) (2)	$437.1
National Child Benefit Restoration	$5,450.0	$3,425.0
Sub-Total	**$15,570.7**	**$3,862.1**
Early Childhood Development, Learning and Care:		
Child Day Care	$64,772.1 (2)	$4,610.9
Early Start	$1,010.8 (3)	$94.1
Manitoba Education, Training and Youth - ECD Initiative	$500.0	$500.0
Sub-Total	**$66,282.9**	**$5,205.0**
Community Supports:		
Parent-Child Centred Approach	$1,350.0	$1000.0
Other programs	$658.5	$658.5
Sub-Total	**$2,008.5**	**$1,658.5**
Total ECD 2001/02 *	**$92,569.7**	**$15,462.3**

(1) Reflects internal transfer of program function.
(2) Includes some programming for children over the age of six years.
(3) Reflects internal transfer of program function.